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Federal University of Rio de Janeiro State

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## RESEARCH

**Método canguru: percepções das mães que vivenciam a segunda etapa**

Kangaroo method: perceptions of mothers who experience the second stage

Método canguro: percepciones de las madres que experimentan la segunda etapa

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### ABSTRACT

**Objective:** Understanding the perceptions of mothers of newborn preterm and/or low birth weight about the second stage of Kangaroo method. **Method:** This is a descriptive exploratory research of a qualitative approach performed at a teaching hospital in Southern Brazil, through semi-structured interviews and observation with five mothers who were in the neonatal unit accompanying their children. For data analysis there was used the content analysis. **Results:** Three categories emerged: "The importance of early", "Dilemmas and difficulties in carrying out the Method" and the "Kangaroo method facilitating the care of your child". **Conclusions:** The experience of the second stage allows overcoming the negative feelings that surfaced with preterm birth and promotes the empowerment of mothers in relation to caring for their children. However, it is necessary that the nursing staff develop different skills to the Kangaroo Method be effectively implemented in practice. **Descriptors:** Neonatal nursing, Kangaroo-mother care method, Nursing care, Mother-child relations.

### RESUMO

**Objetivo:** Conhecer as percepções das mães de recém-nascidos pré-termo e/ou baixo peso sobre a segunda etapa do Método Canguru. **Método:** Trata-se de uma pesquisa exploratório descritiva, de abordagem qualitativa realizada em um hospital escola do sul do Brasil, através de entrevista semiestruturada e observação com cinco mães que se encontravam na unidade neonatal acompanhando seus filhos. Para a análise dos dados utilizou-se a análise de conteúdo. **Resultados:** Emergiram três categorias: "A importância do início", "Dilemas e dificuldades na realização do Método" e o "Método Canguru facilitando o cuidado ao seu filho". **Conclusões:** A vivência da segunda etapa possibilita a superação dos sentimentos negativos que afloraram com o nascimento prematuro e promove o empoderamento das mães em relação ao cuidado com seu filho, entretanto é necessário que a equipe de enfermagem desenvolva diferentes habilidades para que o Método Canguru seja implementado efetivamente na prática. **Descritores:** Enfermagem neonatal, Método mãe-canguru, Cuidados de enfermagem, Relação mãe-filho.

### RESUMEN

**Objetivo:** Comprender las percepciones de las madres de los recién nacidos prematuros y/o de bajo peso al nacer acerca de la segunda etapa del Método Canguru. **Método:** Un estudio exploratorio descriptivo, de enfoque cualitativo realizado en un hospital universitario en el Sur de Brasil, a través de entrevistas semiestructuradas y observación con cinco madres en la unidad neonatal. Para el análisis de los datos se utilizó el análisis de contenido. **Resultados:** Tres categorías surgieron: "La importancia de la primera", "Dilemas y dificultades para llevar a cabo el Método" y "El Método Canguru para facilitar el cuidado de su hijo". **Conclusiones:** La experiencia de la segunda etapa se permitía superar los sentimientos negativos que surgieron con el parto prematuro y promueve el empoderamiento de las madres en relación con el cuidado a su hijo. El personal de enfermería debe desarrollar habilidades para que el Método sea efectivamente aplicado en la práctica. **Descriptor:** Enfermería neonatal, Método madre-canguro, Atención de enfermería, Relaciones madre-hijo.

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## INTRODUCTION

**T**he high number of newborns with low birth weight, regardless of gestational age, constitutes a major health problem and represents a high percentage on neonatal morbidity and mortality. In Brazil, the main causes of infant mortality are related to perinatal disorders, which include respiratory problems, asphyxia at birth and low weight. It is estimated that each year are born in the country 20 million premature infants and low birth weight, and of these, one-third will die before completing one year of life.<sup>1</sup>

Aiming to reduce infant mortality rates related to low birth weight, seeking humanization of assistance to the newborn, the Brazilian Ministry of Health has launched, in 2000, the ministerial order 693 in which establishes the Norm of Humanized Attention to the Infant with low Birth Weight (Kangaroo Method).<sup>1-2</sup>

The Kangaroo Method, proposed by Rey and Martinez at the University of Bogota, was an alternative to the traditional care for newborns with low birth weight, in order to reduce the costs of such assistance and resolve a critical situation of overcrowding of newborns pre-term and low-weight for mortalities caused by cross-infection and the lack of technological resources.<sup>1,3-5</sup> When established in that country in 1979, advocated the early hospital discharge and ambulatory monitoring.<sup>1,3-4</sup> In Brazil, the method has expanded its proposal envisioning not only a technological structure replacement, as the original proposal, but broadening the conception for an institutional change in the pursuit of humanization of assistance and introducing the family in this view.<sup>4,6</sup>

The Kangaroo Method, according to the Brazilian proposal, involves skin-to-skin contact, which evolves from the touch until the Kangaroo position. It happens so early and growing, by free choice of family, for as long as they both, newborn and family understand that is pleasurable and enough. Are considered effective in this methodology the systems enabling the early contact, held in a manner oriented, by free choice of family, of Crescent shape and safe and accompanied by assistance support by a team of trained health.<sup>1</sup>

The method consists of three stages. The first starts in the prenatal of high risk pregnancies followed by the newborn hospitalization in the Neonatal Intensive Care Unit (NICU), where focuses on the reception of parents, free access in the same unit, their participation in care, stimulus onset of breastfeeding and the progressive skin-to-skin of the newborn with family. The second stage is the continued stay of the mother/family with newborn preterm and/or low weight for as long as both think it is pleasant; this is the stage that requires the newborn clinical stability, total enteral nutrition and minimum weight of 1.250g, and the knowledge of the mother /family to understand the changes that may occur with the same, plus the desire and willingness to stay in the hospital. This stage serves as a stage for discharge and is the most demanding of mother/family. The third and final stage occurs via ambulatory, where the method that was being held in the hospital environment

becomes effective on home, for this stage are required the family commitment to the realization of the method, the minimum weight of the newborn of 1.600g and a secure mother, motivated and well-targeted. The family and the baby returned to the hospital to visit about twice a week until they reach the ideal weight for the ultimate high, 2.500g.<sup>1</sup>

Before this proposal, it is important to recognizing how the experience of the mother during the hospitalization of her son and the role of Humanized attention given to NB preterm and/or low birth weight, through the Kangaroo Method. The need for the child to go to UTIN is represented initially by breaking the expectations and dreams about giving birth to the term followed by difficult and conflicting situations interlaced to the challenge of conflicting fitness to stressful routine of hospital and struggle for survival of the son.<sup>7</sup>

The nursing team has a key role, especially in the early stages of the hospitalization, in favoring the host families, inform them about the state of health of babies, while a facilitator role in the process of adaptation of families during hospitalization. Professionals need to recognize the factors or stressors facilitators found by the mothers during this process, because, when the mother has the NB interned in NICU, she is deprived of family life, dedicating her life, at that moment, her son hospitalized.<sup>8</sup>

Whereas the experience the second stage of the Kangaroo Mother Method needs to remain in the hospital for the 24 hours with her son, being this a moment of personal, family and professional adjustments, we decided to develop this investigation with the aim of recognizing the perceptions of mothers of preterm infants and/or low weight on the second stage of the Kangaroo Method.

Before this situation, it is considered relevant the study not only for allowing health professionals to the understanding of how the woman is experiencing the second stage of the method allowing for individualized care and sensitive woman and newborn at this time, but also provide clues that support the implementation of the second stage effectively in neonatal units. Once the literature suggests that the success of the implementation of CM depends upon the ability of professionals and also the benefits that the institution offers for stays of mothers.<sup>9</sup>

## METHOD

It is a qualitative research of exploratory-descriptive approach, held at Intermediate Care Unit Kangaroo (ICINca) of a neonatal unit of a teaching Hospital in Southern Brazil.

The choice of the place was due to some factors: adequate infrastructure to the unit, which provides an environment that, resembles a home place for mothers, for being a national reference for the method and for being a teaching hospital.

Five mothers who were experiencing the second stage of the Kangaroo Method participated in this study; which, after accepted, signed an informed consent. Data collection took place in the month of August 2010, and the definition of the number of



participants was, considering the low demand of newborns in the research unit and through repetition of the findings.

For data collection there was used semi-structured interviews, including issues that approached the mothers' knowledge about the Kangaroo Method and the main feelings experienced by them at that moment. In addition, technical note was held, in which notes were carried out in field journal with the objective of assisting the perpetrators in the analysis. All the interviews were recorded and transcribed in full. For the data analysis we used the analysis of content;<sup>10</sup> being held initially a floating reading all the material, after the data has been grouped by similarity forming below the categories that allowed the discussion of results.

The study complied with the ethical precepts of Resolution 466/12 of the National Health Council, and approved by the Committee of Ethics in research with Human Beings at the Federal University of Santa Catarina, under protocol number 817/2010. The mother's identity has been preserved through fictitious names, using names chosen by them.

## RESULTS AND DISCUSSION

Participated in this research 05 mothers who were at UCINca at the time of data collection. The ages of the participants ranged from 22 years to 31 years old, all had stable union, three of them mothers. With regard to NB, gestational age ranged from 24 weeks to 33 weeks.

From the data analysis emerged three nominal categories, which were: "the importance of the early", "Dilemmas and difficulties in the realization of the Method" and the "Kangaroo method facilitating the care of your child".

### The importance of the early

On the drive where the study was conducted there are constant stimuli so that mothers can provide the care for their babies so promoting and allowing, as clinical conditions of both, the first skin-to-skin contact, still in the NICU.

In this way, was observed during the interviews that mothers who were with availability to perform these precautions, had already been targeted on the Kangaroo Method since the arrival of the baby to the neonatal unit, as described in the following lines:

*I've heard about experiences by other mothers, when I first came in the NICU (Jasmine).*

*The team talked about the method, I thought it was nice to know that would be around the baby and not needing to be in the ICU environment. I made the baby's care since he came here, but I thought the incubator too small and I was afraid of breaking (Orchid).*

It might realize that mothers who heard of the method, in the first step, could assess the benefits the same, pointing, particularly the advantages of position and skin-to-skin contact.

[...] Looks like she's in her belly. The safety of always be beside me (Jasmine).  
I feel like she heats up more (Jasmine).  
Approaching mom and son (Orchid).

These perceptions could not be observed with mothers who had no knowledge of the method or that for some reason had not been driven about the same. The following speech points this perspective:

Hadn't heard of, but all I know is that he gains weight (Pink).

The importance of beginning it becomes clear in statements of the participants, the appropriate host mothers and mother/family orientation enables a better and greater adherence to the method.

#### **Dilemmas and difficulties in the realization of the Method**

Although the mothers, in most cases, understand the importance of the method for the recovery of their children, the dilemmas and personal difficulties and family order may prevent you from participating effectively in the second stage.

The method brings the great importance of the orderly development of preterm and/or low baby weight, but brings a lot of interfaces, pointed out by mother-woman, as expressed in the following speeches:

*Fatigue is the biggest difficulty, sometimes exhausting position (Orchid).*  
*It hurts a lot the column, too long hurts (Violet).*

It was also observed the insecurity of the mother in the conduction of the method, as the following statement:

*Afraid to let him fall, feeding insecurity and fear of sleep and suffocate the baby (Jasmine).*

Another major difficulty performing this stage of the Method is related to the hospitalization and the distance of the home. All interviewed brought the difficulty of this method lies in its need to remain available at all times within the institution, and that many times, either by the existence of other children, or live in distant townships, the take a membership almost forced to method, disobeying the one of the most important principles of the program that is the pleasure of mother and son. The following testimonials show this view:

*The children who are at home make me worried (violet).*  
*The distance of the family makes me sad. I miss the husband (Orchid).*  
*The financial concern bothers me (Jasmine).*

The analysis of the interviews made us realize that the mothers liked to perform care to their children, but hospitalization and the distance of the home left them worried and anxious by hospital discharge.

*I'm afraid to be here alone (Jasmine).*

*I would love to go home (violet). The hospital is stressful; a lot of people coming and going, there's no way to feel at home, even though the team helps a lot (Orchid).*

It is noticed that the Kangaroo position at times is reports of how uncomfortable, but the "hospitalization" because of the need of the maternal baby seems to be the main focus of the difficulties of this method.

#### **Kangaroo method facilitating the care of your child**

The Kangaroo Method was idealized whereas this type of care would promote the stability of the child and parents' approach and newborn. In this sense the findings of this research reinforces this statement:

*It's easier to take care of it here (Pink).  
It is better to observe (Jasmine).*

Skin-to-skin contact for mothers contributed somehow don't blame for premature birth and valued as essential for her baby, being evidenced in the following lines:

*The main advantage is the contact with him. He is calmer, little cry when this with me (Violet).  
Proximity brings more peace and quiet; she gets more quietly (Orchid).*

The emotional connection between parents and a new baby should be seen as a continuous process, and the second stage of the Kangaroo Method enables the empowerment, especially of women, to assuming her new role mother-child.

*[...] I feel better with it here. I'm being a mother (Jasmine).*

The first stage in the Kangaroo Method happens in NICU and/or in conventional intermediate care unit being defined as a period after the birth of underweight newborn requiring special care.<sup>1</sup> In this stage happens first contact mother and newborn and the early formation of a bond between the two. The success of this step reflects directly on the acceptance of women in participating in the second stage, one of the factors favoring this experience is the mother receive information about the neonatal unit and the Kangaroo Method even before occurrence of childbirth.

The maternal reports of this study made it possible to observe the mothers, particularly those who were not prepared to carry out the method that these were more difficult to express their feelings, but demonstrate less interest to remain in the unit. The testimony also showed more resistance as the completion of skin-to-skin contact, thus reinforcing the need for guidance and early involvement of the health team.

Added to this, there is the fact of pregnancy is a period in which women experience fantasies of a perfect birth, breastfeeding, where effective care of the newborn idealized and discharge quickly. It is a phenomenon that involves physical, emotional and social changes and causes the borderline situations who lives of feelings and anxieties.<sup>11-12</sup>

When it comes to a situation of high risk pregnancy is shrouded in complicated circumstances and more delicate for the mother and for the families. With the premature birth and the hospitalization in a neonatal unit occurs an abrupt change of family plans, a destructuring of nuclear family and the feelings of the parents, fear, insecurity and guilt.

Furthermore, the mourning the death of imaginary child and the achievement of new adaptations of all members of this family.<sup>12-14</sup>

Mom right now is experiencing a phase of intense emotional liability, due to the hormonal changes post-partum and especially, by having to restructure her life. She ends up back home without her son in her arms and need to adopt a routine hospitalization which often wasn't even imagined by the couple. The activities of the team of health professionals are fundamental at this time, due to the importance of early, so well signposted by the mothers in this investigation. The relationship between the mother/family and professionals at the time of arrival of the baby in the neonatal unit will influence directly on parents' understanding about the Kangaroo Method and inserting of testing, in particular of women in neonatal care in the hospital every day.

It is necessary that the first skin-to-skin contact be conducted as early as possible, on those high-risk pregnancies mostly, for there to be a relationship of greater understanding of feelings of the mother by health professionals in order to provide a proper relationship of mother and son and sustain the implementation of the Method in the other stages. There is a need to provide humanitarian assistance with a wire more active during prenatal care, for pregnant women and their family can take your questions and have more autonomy during the process of pregnancy and what can happen after childbirth.<sup>15</sup>

It is observed that the presence of positive and negative feelings is part of the second stage of the method. The distance of the home environment and adaptation to the hospital environment, living with people before unknown, bring these mothers negative feelings, such as doubt, homesickness, anxiety, fear. The approach of the newborn, after a necessary separation in postpartum, brings the mother feel to be essential emerging from her positive feelings.

The decision-making process for the ticket in the second stage of the method is complex and depends not only on the will of the mother, but also the support of her family network and a welcoming health team. In deciding to stay in the unit, the mother ends up abandoning the world outside the hospital in which includes work and concerns with the other children.<sup>16</sup> The relationship of involvement of professionals with their mothers, for their solutions yearnings and anxieties, gives security, tranquility and confidence, allowing his mother to remain in direct contact with your child, providing the necessary care at this time, assuming the role of the law is to be a mother.<sup>17</sup>

To have experienced the dilemmas and difficulties inherent to hospitalization in a NICU, the family and the newborn should be welcomed by health professionals of this unit, with the goal of understanding the feelings and their troubles.<sup>1,17</sup>

The role of the health professional, especially nursing, is to meeting and understanding familiar reactions that happen in this environment through the identification of signals and behaviors that the same feature. By understanding these reactions the neonatal team can contribute to the family relationship-newborn and of these with the hospital environment, without responsibility overly mom-woman who is adapting to his new situation.<sup>16,18</sup>

Furthermore, it is essential that the unit permits the presence of the parent/chaperone as a way to ensure the family support, enabling not only the mother pay



the baby care and perform the skin the skin, contributing to a strengthening of emotional family and providing a less physical-psychological tiredness of the mother, thus restructuring the nuclear family ensuring a proper clearance mother family get-together.<sup>11,16</sup>

The importance of a family network, whereas the distance from home, the concern with the other children and the "hospitalization" of the mother become barriers to that method guidelines are implemented, where the idea is that a newborn does not exist alone, he appears always accompanied of a family and to ensure the preservation of these affective ties, through a host family, is to take care and prevent the health of all members of that group and thus ensure for this baby a healthier space.

The hospital environment makes difficult the adaptation of mothers due to the diversity of people circulating in the neonatal unit. It is necessary that by her concerns and by her own weariness of being available in a family environment, the mother, may receive by health team support and attention. An attentive listener, understanding, in relation to feelings that spring from that touch so intimate with the baby, offers her the experience of being "maternized" by the team, which could serve as a model in the interaction with her child.<sup>1,13,18</sup>

The Kangaroo Method can bring doubts, fears and insecurities when not well informed, but its practice rescues motherhood lost at abrupt birth causing maternal competence, increasing joys on herself and on the other, increased interaction between mother and child and provide benefits to the newborn by reducing the days of hospitalization.<sup>5,19-20</sup>

The Method gives the mother, yet, the feeling of being able to be essential for the newborn, bringing the benefit of forgetting the phase of premature birth and the doubt of not having been able to have a complete pregnancy and causes mothers to adapt seeking a way to care for their newborn children pre-term and/or low weight. The mother-son bond during the implementation of the method is considered of great importance in the recovery of the baby in this feeling, understanding the care offered by their mother; let's say that would not be possible to complete cure the baby.<sup>21</sup>

## CONCLUSION

The Method provides the mom something only after an initial contact ineffective due to the health condition of the newborn. Be essential to baby care makes the mother useful and erases possible sorrows of a negative birth, returning to a state of balance.

We can conclude that the categories raised brought us a reflection about the second stage of the method, in which there is an ambiguity of feelings that mixture in the day-to-day of the mother, either by joy on notice that the Method is good for the newborn, where there is the possibility to be more present in the care and close all the time of her child, or

the troubles that have arisen depending on the distance of the home and the family, the tiredness, the fears and insecurities.

It is believed that the health professional, especially the nursing staff, should develop different skills, and must be an excellent listener, overcome preconceptions and believe each binomial mother and newborn are not alone. Recognizing the method in their day to day provides greater clarity related to the importance of affection in caring, spreading the idea that the important thing is not to replace the incubator for MOM and yes, bring a bond and humanized to the neonatal unit environment.

Also highlights the importance of carrying out studies aimed at high-risk gestation and the introduction of the Kangaroo Method as assistive technology after birth and as an instrument of assistance for the improvement of the clinical condition of the baby and formation of bond ruptured abruptly in preterm labor.

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